STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STAT	E PLAN	UNDER	TITLE	XIX OF THE SOCIAL SECURITY ACT		
State:		NEVADA				
	ELIGI	BILITY	CONDI	TIONS AND REQUIREMENTS		
Citation(s)		Co	nditi	on or Requirement		
1902(1)(3)(E) and 1902(r)(2) of the Act		e.	chil chil sect	erty level pregnant women, infants, and dren. For pregnant women and infants or dren covered under the provisions of tions 1902(a)(10)(A)(i)(IV), (VI), and (VII), 1902(a)(10)(A)(ii)(IX) of the Act— The following methods are used in determining countable income: The methods of the State's approved AFDC plan. The methods of the approved title IV-E plan. The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.		

TN No. 91-10
Supersedes
TN No. 91-22
Approval Date APR 1 1992
Effective Date 01/01/92

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	State: _	NEVADA			
Citation		Condition or Requirement			
			If an individual receives a title II benefit, and amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a		

"transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN 93-09 Supersedes Approval Date APR 7 1002 Effective Date 01/01/93 TN No. 92-11

Revision: HCFA-PM-91-8

October 1991

(MB)

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Page 12b OMB No.:

State/Territory: NEVADA

Citation

Condition or Requirement

1902(u) of the Act

COBRA Continuation Beneficiaries (h)

In determining countable income for COBRA NIA continuation beneficiaries, the following

disregards are applied:

The disregards of the SSI program;

The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are

described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining

income, except as provided in section
1612(b)(4)(B)(ii).

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Effective Date 7/1/92

TN No. NA

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	STATE PLAN UN	DER TITLE XIX OF	THE SOCIAL SECUR	ITY ACT
	State:	NEVADA		
		RESOURCE LI	EVELS	
A. CATE	ORICALLY NEEDY	GROUPS WITH INCOM	ES RELATED TO FEL	ERAL POVERTY LEVEL
1. <u>Pre</u>	egnant Women			
a.	Mandatory Grou	<u>os</u>		
	XX Same as S	SI resources leve	ls.	
		rictive than SSI	resource levels a	and is as follows:
	Family Size	Resource	Level	
	1	\$2,000	Q	
	2	\$3,000		
b.	Optional Group	<u>3</u>		
	/// Same as S	SI resources leve	ls.	
		rictive than SSI	resource levels a	nd is as follows:
	Family Size	Resource	Level	
	_1			
				
TN No. 9	2 - 2. 3			01112
Supersedes		Date NOV 5 1992	Effective D	ate8/1/92
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Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 2

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

2. Infants

a. Mandatory Group of Infants

Same as resource levels in the State's approved AFDC plan.

 $\sqrt{\overline{X}}$ Less restrictive than the AFDC levels and are as follows:

Resource Level		
\$2,000		
\$3,000		
\$3,150		
\$3,300		
\$3,450		
\$3,600		
\$3,750		
\$3,900		
\$4,050		
\$4,200		

The maximum level is \$4,200 for households with more than 10 persons

TN No. 72-23
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TN No. 91-22
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Revision:	HCFA-PM-91-4 (BPD) AUGUST 1991	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-
	STATE PLAN UNDER TIT	LE XIX OF THE SOCIAL SECURITY ACT
	State: NEVADA	
N/A b.	Optional Group of Infar	nts
	/// Same as resource	levels in the State's approved AFDC plan.
		than the AFDC levels and are as follows:
	Family Size	Resource Level
	_1	
	3	
	4	
	5	
	6	
	8	
	9	
	_10	

TN No. 47-22 Supersedes	Approval I	Date	JAN 1 3 1992	Ž	Effective	Date 10/01/91
TN NoN/A					HCFA ID:	7985E

A . . SAN PARAMET

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

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OMB No.: 0938-

State:

NEVADA

Citation

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

N/A

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1902(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on family size.

N/A

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. Supersedes 87-10 TN No.

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N/A

(BPD)

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NEVADA

Citation

Condition or Requirement

42 CFR 435.732, 435.831

4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- Income in excess of the MNIL is considered as (1)available for payment of medical care and services. The Medicaid agency measures available income for periods of either _ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - Health insurance premiums, deductibles and (a) coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - Expenses for necessary medical and remedial (C) care included in the plan.
 - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

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State: ____NEVADA

Citation

Condition or Requirement

b. Categorically Needy - Section 1902 (f) States

42 CFR N/A 435.732

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under \$\$435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

JAN 1 3 1000

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AUGUST 1991

(BPD)

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State: NEVADA

Citation

Condition or Requirement

5. Methods for Determining Resources

- a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
 - (1) In determining countable resources for AFDC-related individuals, the following methods are used:
 - (a) The methods under the State's approved AFDC plan; and
 - (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
 - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.